Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Approved for use through 7/31/2006. OMB 0651-003 2 PTO/SB/06 (08-03) U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application or Dockel Number CLAIMS AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY NUMBER FILED BASIC FEE NUMBER EXTRA (37 CFR 1.16(a)) RATE FEE RATE TOTAL CLAIMS FEE (37 CFR 1.16(c)) INDEPENDENT CLAIMS (37 CFR 1.16(b)) OR minus 20 = OR minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1.16(d)) * If the difference in column 1 is less than zero, enter *0* in column 2. OR TOTAL CLAIMS AS AMENDED - PART II OR TOTAL (Column 1) (Column 2) (Column 3) CLAIMS SMALL ENTITY OR OTHER THAN HIGHEST REMAINING SMALL ENTITY NUMBER PRESENT AFTER PREVIOUSLY RATE **EXTRA** ADDI-AMENDMENT RATE PAID FOR TIONAL Tolal ADDI. Minus (37 CFR 1.16(c)) ō TIONAL FEE Independent (37 CFR 1.16(b)) FEE Minus x \$ 50 = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) x \$100 = x s 200= OR + \$280= OR TOTAL TOTAL ADD'L FEE (Column 1) ADD'L FEE (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT AFTER AMENDMENT RATE PREVIOUSLY ADDI-**EXTRA** PAID FOR RATE NON Total (37 CFR 1.16(c)) TIONAL ADDI-Minus FEE TIONAL Independent (37 CFR 1.16(b)) FEE ũ x : 25 = Minus x s 50 = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) × \$ 100= OR × \$200= +s/BO= OR +360. TOTAL ADD'L FEE TOTAL (Column 1) OR ADD'L FEE (Column 2) CLAIMS (Column 3) HIGHEST REMAINING NUMBER PRESENT AFTER RATE PREVIOUSLY ADDI-**EXTRA** AMENDMENT RATE Total (37 CFR 1.16(c)) PAID FOR IENDM TIONAL ADDI-Minus FEE TIONAL Independent (37 CFR 1.16(b)) FEE

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

Minus

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". ADD'L FEE

If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments of time your social to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer U.S. Patent. on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

x \$ 25 =

× s/00=

OR

OR

OR

OR

x **s_50** =

x \$ ZOD= + 360

TOTAL

ADD'L FEE

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.